

PLEASE NOTE!

AN APPOINTMENT WITH THE PLANNING/ZONING ADMINISTRATOR
IS **REQUIRED** TO TURN IN YOUR PERMIT.
PLEASE CALL FOR AN APPOINTMENT AT 610-759-7434,
MONDAY-FRIDAY, 7:30 A.M. TO 4:00 P.M.

THANK YOU FOR YOUR COOPERATION!



LOWER NAZARETH TOWNSHIP

306 Butztown Road
Bethlehem, PA 18020
Ph. 610-759-7434/Fax 610-746-3317

BUILDING, ZONING & GRADING
PERMIT APPLICATION

TOWNSHIP USE ONLY
Permit #
Approve/Deny By
Received Stamp

LOCATION OF PROPOSED WORK OR IMPROVEMENT

Address

Subdivision Name & Lot# Tax Map Id#

Is This Application Being Made By The Property Owner? Yes No
If Not, Then By Whom? Tenant Contractor Other

Applicant Email Address:

Address

Phone #: Alternate Phone #: Fax #:

Property Owner: Email Address:

Address:

Phone #: Alternate Phone #: Fax #:

Contractor: Email Address:

Address:

Phone #: Alternate Phone #: Fax #:

Worker's Compensation Certificate Required Attached Yes No PA Registration # (pursuant to PA Act 132)

Architect or Engineer: Email Address:

Address:

Phone #: Alternate Phone #: Fax #:

COMPLETE ITEMS A THRU H (AS APPLICABLE)

A. BUILDING PERMIT TYPE:

- New Structure/Building
Addition To Building/Structure
Foundation only
Interior Alterations
Accessory Structure +500 s.f.
Above Ground Pool
Electrical, Plumbing and/or HVAC improvements
Moving (relocation)
Demolition
Other

B. ZONING PERMIT TYPE:

- New Use
Change Of Use
Home Office
Home Occupation
Shed/Accessory Structure >500 s.f.
Accessory Structure +500 s.f.
Fence
Deck
Hot Tub
Above Ground Pool
In-Ground Pool
Exterior Alterations, i.e. patios, walkways, etc.
Razing/Demolition
Temporary Structure
Sign(s)
Other

C. GRADING PERMIT

DESCRIPTION OF PROPOSED WORK/PURPOSE OF APPLICATION:

D. STRUCTURE DIMENSIONS & CHARACTERISTICS, (COMPLETE AS APPLICABLE):

Accessory Structures Only

Structure Length (Ft) _____ X Width (Ft) _____ = TOTAL AREA OF THE STRUCTURE _____ (Sq. Ft.)

Pools: Above Ground Pool Diameter (Ft) _____ Depth Of Pool _____ (Ft)

In Ground Length (Ft) _____ X Width (Ft) _____ Depth Of Pool _____ (Ft)

Principal Structures Only

TOTAL AREA OF NEW FLOOR SPACE _____ (Sq. Ft.) TOTAL AREA OF ALL FLOOR SPACE _____ (Sq. Ft.)

Interior 1st Floor Space _____ (Sq. Ft.) Interior 2nd Floor Space _____ (Sq. Ft.)

Garage Floor Space _____ (Sq. Ft.) Other Interior Floor Space (Finished Basements, Etc.) _____ (Sq. Ft.)

Residential Buildings Only: No of Bedrooms _____ No of Bathrooms _____ No of Garage Doors _____

Heat Source: Oil Gas Electricity Geothermal Solar Other

Source of Water Supply: Public On-Lot Well Other

Sewage Disposal: On-Lot Public Private System

E. ELECTRIC, PLUMBING, HVAC IMPROVEMENTS

New/Upgrade Electrical Svc Electrical Improvements/Modifications New Plumbing Fixtures Additional HVAC Units

Non Residential

No. of New Outlets _____ No. of Services & Feeders _____ Amps per service and feeders _____

No. of heating & A/C. units, motors, transformers, and generators _____ hp or kw of kva per unit _____

No. of transformers, vaults, substations, etc. _____ (x3) Multiplier for voltages over 480 volts

F. GRADING TYPE

New Home Inground Pool New Land Development Total Acres To Be Graded _____ Average Slope _____ %

G. FLOODPLAIN

Is the site location within an identified flood hazard area? Yes No

Will any portion of the flood hazard area be developed? Yes No Lowest Floor Level: _____

Owner/Applicant shall verify that any proposed construction and/or development activity complies with the requirements of the National Flood Insurance Program and the Pennsylvania Flood Plain Management Act (Act 166-1978), specifically Section 60.3.

H. PROPOSED SETBACKS, LOT DIMENSIONS, and LAND USE (COMPLETE AS APPLICABLE):

Total % Of Building Coverage On Lot _____ % Total Impervious Coverage On The Lot _____ %

Heights: Structure Height _____ (Ft) Number Of Stories _____

Setbacks: Front Yard (Ft) _____ Rear Yard (Ft) _____ Left Side Yard (Ft) _____ Right Yard _____ (Ft)

Lot Dimensions: Width (Ft) _____ X Length (Ft) _____ Total Lot Area _____ (Sq. Ft.)

Land Use Information:

New Use

Residential

Non-Residential

Temporary Use

One Family

Amusement, recreational Church, other religious

Accessory Use

Two or more Family (no of units) _____

Industrial Hospital, institutional

Change In Use

Transient hotel, motel or dormitory

Service Station, repair garage Public Utility

Other _____

(no of units) _____

Parking Garage Office, Bank, Professional

Garage

Stores, Mercantile Tanks, Towers

Carport

School, Library, other Educational

I. ESTIMATED COST OF CONSTRUCTION \$ _____ (To The Nearest Dollar)

SITE OR PLOT PLAN (For Applicant Use)



The Applicant certifies that all information on this application is correct and the work will be completed in accordance with the "approved" construction documents, PA Act 45 (Uniform Construction Code) and any additional building code requirements adopted by Lower Nazareth Township. The property owner and Applicant assume the responsibility of located all property lines, setback lines, easements, rights-of-way, flood areas, etc. Issuance of a permit and approval of construction documents shall not be construed as authority to violate, cancel or set aside any provisions of the codes or ordinances of Lower Nazareth Township or any other governing body. The Applicant certifies he/she understands all the applicable codes, ordinances, and regulations. The application, together with plans and attachments, are made part of this application by the undersigned. The Applicant and owner also agree they are responsible for the replacement of any township road to township standards, which are damaged during the building of the permitted structure or improvement.

Per Sections 403.43(a) and 403.63(a) of Act 45, the Applicant agrees to extend the required action period for 5 business days for any Building Permits that require Zoning/Grading Permit issuance. Per Sections 403.46(b)8 and 403.65(b)8 of Act 45, the Applicant acknowledges that a Certificate of Occupancy shall not be issued after the 15th day of April or before the 30th day of September unless final lot grading is approved by the Township Engineer. A Temporary Certificate of Occupancy may be issued on or after the 30th day of September or on or before the 15th day of April if recommended by the Township Engineer.

Per Section 403.43(m) and 403.63(k) of Act 45, the Applicant shall submit all required fees of the permit, or the permit will be deemed invalid and the application denied.

By signing this application, authorization is granted to any municipal representative of Lower Nazareth Township to access the above property as stated within this application at any reasonable hour; to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Lower Nazareth Township ordinances; and states that the information provided on this application by the Applicant(s) and owner(s) is true and correct to the best of their knowledge or belief. The Applicant hereby acknowledges that Lower Nazareth Township and their assigns are the sole producer of construction inspection services for Lower Nazareth Township.

The Applicant also understands that occupancy of the building will not take place until both building construction and site construction are completed as per the permit application and approved site plan.

SIGNATURE OF APPLICANT(S) _____ DATE _____

SIGNATURE OF PROPERTY OWNER(S) _____ DATE _____

DO NOT WRITE ON THIS PAGE

OFFICE USE ONLY

DATE APPLICATION RECEIVED _____

ISSUED BY: _____ ZONING ADMINISTRATOR and/or BUILDING CODE OFFICIAL

PERMIT FEES			ESCROWS				
Bldg Permit Fee	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Grading	\$			
Twp Admin & Education Fee	\$		Septic	\$			
			TOTAL FEES	\$			
U&O Permit Fee	\$	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ Receipt # _____	Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt #	
Septic Admin Fee	\$		OPEN SPACE FEE	\$			
Grading Pmt Fee	\$		Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt #	
Driveway Pmt Fee	\$		TRAFFIC IMPACT	\$			
Zoning Permit Fee	\$		Paid By:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check _____	Receipt #	
TOTAL FEES							

FEE CALCULATION: _____



LOWER NAZARETH TOWNSHIP

PLANNING & ZONING OFFICE

306 BUTZTOWN ROAD
BETHLEHEM, PA 18020
TELEPHONE: 610-759-7434
FAX: 610-746-3317

PENNSYLVANIA WORKERS COMPENSATION INSURANCE COVERAGE INFORMATION AFFIDAVIT

PLEASE READ DIRECTIONS CAREFULLY BEFORE FILLING OUT THIS FORM. A building or zoning permit will not be issued by Lower Nazareth Township until this form is completed properly.

Please complete all sections. All blank spaces must be completed with the requested information and boxes must be checked as they pertain to your status with the Pennsylvania Workman's Compensation Insurance Law.

If you are claiming an exemption, this form must be signed in front of a notary public.

NOTE: If an exemption is claimed, this form will only be maintained in the Lower Nazareth Township records for one year after the building/zoning permit is issued. It is the responsibility of the contractor to renew this permit yearly. If the contractor wishes to provide a certificate of insurance, the contractor must notify their insurance company that Lower Nazareth Township is to be named as the policy certificate holder on the certificate.



WORKER'S COMPENSATION AFFIDAVIT

Property Owner performing own work. I own this property and will perform all work myself. If I do hire contractors or employees to perform any work under the building permit issued in connection herewith, I, or my contractor will provide proof of worker's compensation insurance immediately.

Contractor will perform work.

Name of Contractor _____

Title of Company _____

Address _____

City _____ State _____ Zip Code _____

Phone# (____) _____ Fax # (____) _____ Federal ID Number: _____

Choose only one of the following:

- Certificate of Insurance.** Attached hereto is my Certificate of Insurance or self-insurance evidence compliant with Pennsylvania's Worker's Compensation Law, which insurance or self-insurance remains in full force and effect.
- Contractor has no employees.** As contractor, I will perform all work required in connection with this permit myself. I have no employees and will use no subcontractors. I understand that I am prohibited by law from employing any individual to perform work under the permit issued in connection herewith, unless I provide proof of insurance to Lower Nazareth Township. After receipt of the permit, if I employ any other persons, I agree to notify Lower Nazareth Township and immediately provide proof of workers compensation coverage (NOTARY REQUIRED).
- Contractor uses subcontractors.** I have no employees and will use only subcontractors in performing the work under the permit issued in connection herewith. Prior to commencement of the work I have been provided with evidence or workers' compensation insurance coverage for each subcontractor I will use in performing the work. Alternately, I have been provided with evidence that non-covered subcontractors have no employees and I will not allow them to use employees on the job unless further evidence or worker's compensation coverage is provided to me (NOTARY REQUIRED).
- Religious Exemption.** All of my employees who will perform work under the permit issued in connection herewith are exempt on religious grounds under Section 304.2 of the Worker's Compensation Act. By way of further explanation, I state the following: _____ (NOTARY REQUIRED)

I agree that my failure to comply with the matters set forth in this Affidavit will result in a **STOP WORK ORDER** and it may not be lifted until proper Worker's Compensation coverage is obtained, or until further proof or exemption is submitted. I further agree that should any required Worker's Compensation coverage terminate during the progress of the work, that I will immediately notify Lower Nazareth Township and understand a **STOP WORK ORDER** will be issued until coverage is reinstated. My signature on this form constitutes my verification that the statements contained here are true, and that I am subject to the penalty of 18 Pa. C.S.A. 94904 relating to unsworn falsifications to Lower Nazareth Township Municipal representatives or authorities.

Signature _____

NOTARY REQUIRED

Name (Please Print) _____

Subscribed and sworn to before me this

Date _____

_____ day of 20____ seal

(Signature of Notary Public)

My Commission expires: _____